

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on May 9, 2003.

I. DISPUTE

Whether there should be reimbursement for CPT codes 99213, 99213-MP, 97032, 97010, 97750-FC, 97110, 97250, and 97265 for dates of service July 17, 2002 through October 14, 2002.

II. FINDINGS

Per the EOB's submitted by the requestor certain CPT codes for several of the disputed dates of service were denied as "E – Entitlement (non-compensable)". A review of the TWCC database reveals the insurance carrier has not filed any TWCC-21's disputing the injury to be non-compensable; therefore these dates of service will be reviewed according to TWCC Rules and the 1996 Medical Fee Guideline.

An EOB for date of service 10/8/02 was submitted by the requestor showing CPT codes 97032, 97110, 97250 and 97265 as paid. Therefore, these CPT codes for this date of service will not be reviewed.

An EOB was not submitted by either party for date of service 7/17/02; therefore this date of service will be reviewed according to TWCC Rules and the 1996 Medical Fee Guideline.

The insurance carrier did not respond to the initial request for dispute resolution or the additional information.

III. RATIONALE

- CPT Code 99213 for date of service 7/17/02 – No EOB submitted. Per the 1996 Medical Fee Guideline, Evaluation & Management Ground Rule (IV)(C)(2) SOAP notes support delivery of service. Reimbursement in the amount of \$48.00 is recommended.
- CPT Code 99213 for dates of service 8/22/02 through 10/15/02 (a total of 13 office visits) denied as "E" (see **FINDINGS** above). Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(4) if treatment by the HCP is to be continued, re-examination by the treating doctor shall occur at least monthly; SOAP notes support delivery of service for three of the thirteen dates of service. Reimbursement in the amount of \$144.00 (\$48.00 x 3) is recommended.

- CPT Code 99213-MP for date of service 9/20/02 denied as “D”. A review of the HCFA submitted by the requestor documents the healthcare provider billed for only one manipulation. The carrier did not respond to either the request for dispute resolution or the additional information and has not shown evidence to support this CPT code as a duplicate billing. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(B)(1)(b) SOAP notes do not document a manipulation was administered and therefore, does not support delivery of service as billed. Reimbursement is not recommended.
- CPT Code 97010 for dates of service 8/1/02 through 9/4/02 denied as “F”. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(a)(ii) SOAP notes support delivery of service for dates of service 8/1/02 through 8/8/02 and 9/4/02; SOAP note for date of service 8/16/02 does not support the delivery of service as billed. Reimbursement in the amount of \$44.00 (\$11.00 x 4) is recommended.
- CPT Code 97032 for dates of service 7/31/02 through 9/20/02 denied as “F”. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(10)(a) SOAP notes support delivery of service. Reimbursement in the amount of \$220.00 (\$22.00 x 10 units) is recommended.
- CPT Code 97750-FC for date of service 9/10/02 denied as “N”. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(E)(2)(a & b) the submitted FCE report documents an FCE was performed according to the rule referenced. Reimbursement in the amount of \$400.00 (\$100.00 x 4 hrs.) is recommended.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT codes 99213, 99213-MP, 97032, 97010, 97750-FC, 97110, 97250, and 97265 in the amount of \$856.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$856.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 30th day of January 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

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